

3249

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD.  
FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain Terms, that it may be properly classified. If any item can not be obtained insert word "unknown". Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			ORIGINAL CERTIFICATE OF DEATH	
County	Yuma		State Index No.	329
District	Yuma		County Registered No.	176 1/2
Town			Local Registrar's No.	167
Or City				
No. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Francisca Melina</u>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX	Color or Race	MARRIED		
Female	White <del>Indian</del>	WIDOWED		
	Black <del>Chinese</del>	or DIVORCED		
	Mexican			
DATE OF BIRTH				
(Month) (Day) (Year)				
AGE				
40 yrs. mos. days If less than 1 day hrs., or min.				
OCCUPATION				
(a) Trade, profession or particular kind of work				
(b) General nature of industry, business, or establishment in which employed or (employer)				
BIRTHPLACE				
(State or country) <u>Yuma Ariz</u>				
NAME OF FATHER				
<u>Gregorio Mendez</u>				
BIRTHPLACE OF FATHER				
(State or country) <u>Mexico</u>				
MAIDEN NAME OF MOTHER				
<u>Rosa Salomon</u>				
BIRTHPLACE OF MOTHER				
(State or country) <u>Mexico</u>				
The Above is True to the Best of My Knowledge				
(Informant)				
(Address)				
PLACE OF BURIAL OR REMOVAL				
<u>Yuma Cemetery</u>				
DATE OF BURIAL OR REMOVAL				
<u>10/3 1919</u>				
ADDRESS				
<u>Yuma Ariz</u>				
MEDICAL CERTIFICATE OF DEATH				
DATE OF DEATH				
<u>Oct 2nd 1919</u>				
(Month) (Day) (Year)				
I hereby certify, that I attended deceased from <u>June 1919</u> to <u>Oct 1919</u> ; that I last saw her alive on <u>Sept 9 1919</u> , and that death occurred on the date stated above at <u>2:00 P.M.</u> The DISEASE or INJURY causing Death was as follows: <u>Carcinoma</u>				
(Duration) <u>1</u> yrs. <u>1</u> mos. <u>1</u> days				
Was disease contracted in Arizona? <u>Yes</u>				
If not, where?				
CONTRIBUTORY				
(Duration) <u>1</u> yrs. <u>1</u> mos. <u>1</u> days				
(Signed) <u>J. A. Ketchum</u>				
(Address) <u>Yuma</u>				
*In death from Violent Causes state (1) Means of Injury, and (2) whether Accidental, Suicidal, or Homicidal.				
LENGTH OF RESIDENCE				
At place of death... yrs... mos... ds. In Arizona... yrs... mos... ds.				
Former or Usual Residence				
Filed <u>10/3 1919</u> <u>H. W. Upperman</u>				
Local Registrar.				
Filed <u>11/10 1919</u> <u>C. E. Rooney</u>				
County Registrar.				